

TROOPS■ **NATIONWIDE**

- Approximately 1.6 million soldiers have been deployed to either or both Afghanistan and Iraq.ⁱ More than one-third of these soldiers have been deployed more than once.ⁱⁱ
- 40% of troops and veterans are National Guard and Reservists,ⁱⁱⁱ higher than in any other wars. National Guard members are an “older cohort . . . with little connection to military communities or Department of Veteran Affairs.”^{iv}

■ **NATIONAL CAPITAL REGION**

- An estimated 36,967 soldiers have “ever deployed” and an estimated 6,020 are “currently deployed” to Afghanistan and/or Iraq. Of these, 5,320 have “ever deployed” and 931 are “currently deployed” from Montgomery and Prince George’s Counties. 3,101 have “ever deployed” and 509 are “currently deployed” from DC. 28,546 have “ever deployed” and 4,580 are “currently deployed” from Northern Virginia.
- There are more than 700 soldiers and 1000 family members who are in the area at any one time by virtue of the specialized care provided by the National Naval Medical Center in Bethesda and Walter Reed Army Medical Center on the border of DC and Silver Spring. The average length of stay for most of the wounded warriors at Walter Reed is more than 380 days.

■ **CASUALTIES AND WOUNDED**

- The military reports that 208 soldiers from our region have died in the two wars and 1,218 have been wounded in action.
- The number of unique OEF/OIF veterans treated at VA facilities (other than Vet Centers) in the National Capital Region was 8,358 from FY2002 through 2007.^v The percentage who have sought VA healthcare increased from 33% as of April 2007 to 35% as of October 2007^{vi} to 37% as of May 2008. There are about 400,000 pending VA disability claims. The average wait-time for a disability claim is 183 days, but for claims that are appealed, the wait-time is almost two years.^{vii} More than 638,000 new VA claims are expected over the next 5 years.^{viii}

INSTALLATIONS

The region (plus Prince William County) hosts 15 military installations. Of note are Walter Reed Army Medical Center (the “clinical center of gravity of American military medicine” which provides comprehensive health care for more than 150,000 soldiers, other service members, family and retirees annually), and National Naval Medical Center (the hospital for Navy and Marine casualties returning from OEF/OIF and the only DoD facility capable of comprehensive complex neurocritical care for wartime Traumatic Brain Injury patients). Although not an installation, per se, the Pentagon, in Arlington, VA, has approximately 23,000 employees, both military and civilian.

NEEDS■ **HEALTH AND MENTAL HEALTH**

- Due to improvements in equipment and immediate medical care, 90% of troops wounded in OEF/OIF survive their injuries, compared with 76% in the Persian Gulf War.^{ix} Twice as many wounded soldiers require amputations than in previous wars.^x
- Proximity to frequent blasts have made Traumatic Brain Injury (TBI) the “signature wound” of these wars.^{xi} As many as 30% of troops with combat-related injuries returning through WRAMC suffer from TBI^{xii} which may cause headaches, reduced cognitive functioning, mood swings and sleep disturbances.^{xiii}
- Hearing damage is the number one OEF/OIF disability with nearly 70,000 troops collecting disability for tinnitus, a potentially debilitating ringing in the ears, and more than 58,000 on disability for hearing loss.^{xiv}
- Between one third and one half of returning troops report psychological problems. The National Guard counts 8 people affected for every one soldier who is experiencing mental health issues.^{xv} Using a conservative 30% of the 1.6 million troops who have deployed, this translates to 480,000 soldiers who will report psychological problems, affecting an additional 3,840,000 others.
- Mental health problems have shown up in higher levels three to six months after service members returned than in screenings done immediately upon returning home.^{xvi} If the soldier is still on active duty when such problems manifest, he/she is eligible for military psychiatric treatment. If discharged, the VA may provide such services, if the soldier is eligible and seeks out help.^{xvii}
- Suicide rates among veterans increased by 20% from 2006-2007. Suicide attempts by veterans increased 600% during that time.^{xviii} Veterans represent 11% of the U.S. population but account for nearly 20% of the suicide attempts each year.^{xix} National Guard and Reservists account for 40% of deployed troops, but 50% of all suicides by returning soldiers.^{xx}
- A survey conducted within the VA system found that 30% of female veterans experienced sexual assault.^{xxi}
- Veterans with untreated mental health conditions, like the general population, are at high risk of self-medication. In 2006, 9,000 OEF/OIF veterans were treated for substance abuse.^{xxii}

■ **SHELTER**

On any given night there are over 200,000 homeless veterans in America.^{xxiii} Veterans represent 11% of the civilian adult population, but comprise approximately 26% of the homeless population.^{xxiv} The VA has already identified 1,500 homeless OIF/OEF veterans.^{xxv}

■ EMPLOYMENT, EDUCATION, TRAINING

Initial data shows 22,000 veterans losing seniority in their jobs and 11,000 being denied prompt reemployment with their prior employer.^{xxvi} Guard and reserve soldiers may find their former jobs no longer exist, or their employers have downsized, folded, merged or relocated.^{xxvii} It is “very common” for soldiers to file for bankruptcy following deployments and injuries.^{xxviii} Some veterans have fallen into debt waiting for compensation from the VA for their disability claims.^{xxix}

- Because of frustration with government agencies, 77% of veterans say they don’t even bother to seek reemployment help.^{xxx}
- 18% of veterans recently back from deployments are unemployed. Of those who do work, 25% earn less than \$21,000.^{xxxi}

■ FAMILY LIFE

- Divorce rates have almost tripled among Army officers since the start of the Iraq war.^{xxxii}
- The incidence of child abuse involving military families either leaving or just returning from deployment rose 30% from 2001 to May 2007.^{xxxiii} In another study, mothers were three times more likely to have a substantiated report of child mistreatment when their soldier husbands were deployed than when the fathers were home. Mothers at home were nearly four times as likely to neglect their children and nearly twice as likely to physically abuse them during deployment periods.^{xxxiv}
- Recurring and long deployments mean families must be prepared to locate childcare in an emergency.^{xxxv} While the DoD does provide childcare, the need exceeds supply. Even with new centers and funding provided by Congress for fiscal year 2008, there is still a shortfall of 31,500 spaces. This does not include drop-in and respite care shortages, which exist throughout the force.^{xxxvi} Free childcare is available at Walter Reed for OEF/OIF families, but there is a current waitlist for full day care.

ⁱ “Analysis of VA Hlth Care Utilization Among US Global War on Terrorism Veterans, OEF/OIF,” VHA Off of Pub Hlth and Envir Hazards, Jan 2008, p.5.

ⁱⁱ <http://giveanhour.org>, accessed February 25, 2008.

ⁱⁱⁱ “Risk and Protective Factors,” presented by Swords and Plowshares, Iraq Veteran Pjrt, Dec 2007, citing Segal, David R. and Mady Wechsler Segal. “U.S. Military’s Reliance on the Reserves.” March 2005. Population Reference Bureau. <http://www.prb.org/Articles/2005/USMilitarysRelianceontheReserves.aspx>.

^{iv} Ibid, citing Department of Defense Demographics Report (2005). PBS, More Women Soldiers Dying in Iraq. News Hour with Jim Lehrer. December 18, 2006.

^v Ibid. p. 10.

^{vi} Ibid. p. 15.

^{vii} Iraq and Afghanistan Veterans of America Issue Report, January 2008, <http://www.iava.org/documents/VeteransWaitingForCareAndBenefits.pdf>, accessed February 26, 2008.

^{viii} Ibid.

^{ix} Fact Sheet for Returning Veterans Summit as of June 19, 2007, <http://www.helpingahero.org/index>, accessed March 16, 2008.

^x Ibid.

^{xi} “Iraq and Afghanistan in Crisis,” A Report by the National Veterans Foundation, February 28, 2008, p.4, citing Department of Defense American Forces Press Service, September 17, 2007, <http://www.defenselink.mil/news/newsarticle>.

^{xii} “Emerging Health Concerns: Traumatic Brain Injury” <http://www.pdhealth.mil/TBI.asp>, accessed February 13, 2008.

^{xiii} “Iraq and Afghanistan in Crisis,” A Report by the National Veterans Foundation, February 28, 2008, p.4, citing Center for Disease Control, TBI Signs and Symptoms http://www.cdc.gov/ncipc/tbi/Signs_and_Symptoms.htm.

^{xiv} <http://swords-to-plowshares.org>, accessed March 13, 2008.

^{xv} In-person interview with Dr. Barbara Romberg, Founder and President, Give an Hour, March 10, 2008.

^{xvi} “Virginia Braces for Veterans’ Needs,” The Washington Post, Saturday, March 1, 2008, citing a “national study.”

^{xvii} E-mail from Stephen Maguire, Director, Soldier family Assistance Center, Walter Reed Army Medical Center, April 9, 2008.

^{xviii} Washington Post editorial, March 4, 2008.

^{xix} Falls Church News Press, May 17, 2007, quoting Representative Jim Moran.

^{xx} In-person interview with Dr. Barbara Romberg, Founder and President of Give an Hour, March 10, 2008.

^{xxi} Testimony of Christine Hansen, Executive Director of the Miles Foundation, presented at Military Culture and Gender Conference 2005.

^{xxii} “Risk and Protective Factors for Global War on Terrorism Veterans,” Swords to Plowshares, Iraq Veteran Project, December 2007.

^{xxiii} “Iraq and Afghanistan Veterans in Crisis,” A Rpt by Natl Vets Fdn, Feb 28, 2008, p.4, citing Natl Coalition for Homeless Veterans.

^{xxiv} Ibid, citing Veterans and Homelessness. Time, 0040781X, 11/19/2007, Vol. 170, Issue 21.

^{xxv} AP, “Veterans Make up 1 in 4 Homeless,” November 7, 2007.

^{xxvi} “Iraq and Afghanistan in Crisis,” A Report by the National Veterans Foundation, Feb 28, 2008, p.4, citing Statement of US Sen Edward Kennedy, “Protecting the Employment Rights of Those who Protect the United States,” to the Senate Help Committee. Nov 8, 2007.

^{xxvii} “Risk and Protective Factors for Global War on Terrorism Veterans,” Swords to Plowshares, Iraq Veteran Project, December 2007.

^{xxviii} http://www.operationhomefront.net/ww_housing/wwhomes.asp, accessed March 16, 2008.

^{xxix} “Battling Red Tape: Veterans Struggle for Care and Benefits,” updated January 30, 2008, <http://www.iava.org>.

^{xxx} “Iraq and Afghanistan in Crisis,” A Rpt by the Natl Veterans Fdn, Feb 28, 2008, p.4, citing Statement of US Sen Edward Kennedy, “Protecting the Employment Rights of Those who Protect the United States,” to the Senate Hlth Comm, Nov 8, 2007.

^{xxxi} “Veterans Return to Bleak Job Market,” Washington Post, April 1, 2008.

^{xxxii} “Iraq and Afghanistan in Crisis,” A Report by the National Veterans Foundation, February 28, 2008, p.5.

^{xxxiii} <http://fridayletter.asph.org> citing article in May 15, 2007 American Journal of Epidemiology.

^{xxxiv} “Child Abuse Rises When Dad is at War,” The Associated Press, July 31, 2007.

^{xxxv} Ibid.

^{xxxvi} Draft Statement of Kathleen Moakler, Dir, Govt Rel, Natl Mil Fam Assn before Subcomm on Mil Personnel of the House Armed Svcs Comm, Feb 7, 2008.

For more information visit The Community Foundation’s website, www.thecommunityfoundation.org, or contact

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